Foster Family Home - Corrective Action Report

Provider ID:

1-590746

Home Name:

Milagros Domingo, CNA

Review ID:

1-590746-11

1900 Gulick Avenue

Reviewer:

David Ayling

Honolulu

HI

Begin Date:

10/26/2020

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Required Certificate

96819

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced visit made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 11/26/20.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1)

Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #4. Expired on 7/31/2020.

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Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

54.(c)(6)

Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5) - Client #1 - Medication listed on Doctor's last visit summary is not listed on MAR.

54.(c)(6) - Client #2 - No August 2020 RN monthly visit summary present.

Compliance Manager

Primary Care Giver

Date

10/24/2020

Date[']

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10/23/2020 18:01 PM

CTARN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:	MUAGROS DOMINGO

1900 GULICK AVE, HOIVOLULU, HAWAII 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each Issue fixed for each violation?	Date each violation was fixed	Prevention Strategy — How will you prevent each violation from happening again in the future?
54c(4)	Recieved (Found) Current T.B Clearance PROM HAM #44 I got the PCP to D/C medication I got the August 2020 RN summary Visit From my CMRN	10/24/2020	place the T.B Clearence for all HHM's in my CCFFA binder when they are gotlen or colondar with expiration date. I will make sure the MAR & RN Summary

V All items that	were fixed are attached to this CAP	
PCG's Signature:	melmoner &	Date: 10/28/2020

CTA has reviewed all corrected items